

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 4

For Official Use Only

Date Stamp

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CITY CLERK  
CITY OF LODI

Statement covers period  
from JAN 1, 2008  
through JUNE 30, 2008

ate of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)

- ☐ Primarily Formed Candidate Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1268599

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DIXON FLYNN  
DIXON FOR COUNCIL

STREET ADDRESS (NO P.O. BOX)

2631 BRISTOL LANE

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95242 209-367-1936

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

DIXON FLYNN

MAILING ADDRESS

2631 BRISTOL LANE

CITY STATE ZIP CODE AREA CODE/PHONE  
Lodi CA 95242 209-367-1936

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/13/2008  
Date

Executed on 7/13/2008  
Date

Executed on 7/13/2008  
Date

Executed on 7/13/2008  
Date

BY [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/1275-3772)  
State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DIXON FLYNN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2631 BRISTOL LANE Lodi CA 95242

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

*Identify the controlling officeholder, candidate, or state measure proponent, if any.*

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from JAN 1, 2008  
through JUNE 30, 2008

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DIXON FLYNN

I.D. NUMBER  
126 8599

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received .....	Schedule B, Line 3	\$ <u>0</u>	\$ <u>3245.29</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>

## Calendar Year Summary for Candidates Cunning in Both the State Primary and General Elections

1/1 through 6/30      7/1 to Date

10. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_  
11. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>6.66</u>	\$ <u>6.66</u>
7. Loans Made .....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>6.66</u>	\$ <u>6.66</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)      Total to Date

1/1 / 1 / 08      \$ \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \$ \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>6.66</u>
13. Cash Receipts .....	Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above	\$ <u>6.66</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>3245.29</u>

# Schedule B - Part I Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>JAN 1,</u> through <u>JUNE 30, 2008</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DIXON FLYNN

I.D. NUMBER

1268599

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN* THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>DIXON FLYNN</u> <u>2631 BRISTOL LANE</u> <u>LODI, CA 95242</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>INTERIM CITY MGR</u> <u>PLYMOUTH, CA</u>	<u>\$ 3251.95</u>	<u>\$</u>	<input checked="" type="checkbox"/> PAID <u>\$ 6.66</u> <input type="checkbox"/> FORGIVEN	<u>\$ 3245.29</u> <u>6/30/08</u> DATE DUE	RATE <u>\$</u>	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION* <u>\$</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN	<u>\$</u> DATE DUE	<u>%</u> RATE <u>\$</u>	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN	<u>\$</u> DATE DUE	<u>%</u> RATE <u>\$</u>	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
SUBTOTALS \$						\$	\$	\$

## Schedule B Summary

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 6.66  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 6.66  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

### †Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>1/1/08</u> through <u>6/30/08</u>		<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>4</u>		
NAME OF FILER <u>DIXON FLYNN</u>		I.D. NUMBER <u>1268599</u>

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DIXON FOR COUNCIL 1268599		Applied available cash to loan balance	

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>666</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>666</u>